

FILED APR 25 1942
Registration District No. 579

Primary Registration District No. 1002

Registrar's No. 1415

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location) S
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community unk
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3
(d) Street No. 548 1/2 Main St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Deckelman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 23rd 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Record clerk
(b) Address K.C. General Hospital

17. (a) Date of death 4-1-42
(Month) (Day) (Year)

(b) Place: burial or cremation St. Anthony's Hospital

18. (a) Signature of funeral director W. E. Crowe
(b) Address 15 E. Main St.

19. (a) 4-9-42 (b) W. E. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 31st
1942 year hour 3 minute 05 A.M. M.

21. I hereby certify that I attended the deceased from 3-30-42 19____ to 3-31-42 19____;
that I last saw him alive on 3-31-42 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cardiac--arteriosclerotic heart disease

Due to _____
Due to 9315

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (M. D. or other)

23. Signature Wm. R. Thom (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Harry E. Jolley

Licensed Embalmer No.

4078

P. O. Address

W. C. Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.